

**CITY OF LEWISTON
APPLICATION FOR ABATEMENT
INABILITY TO PAY - INFIRMITY OR POVERTY**

INSTRUCTIONS: ALL QUESTIONS MUST BE ANSWERED. YOU MAY BE REQUESTED TO SUPPLY ADDITIONAL DATA TO SUPPORT YOUR REQUEST. A SEPARATE APPLICATION MUST BE SUBMITTED EACH YEAR FOR WHICH THE ABATEMENT IS REQUESTED.

CONFIDENTIAL

1. NAME _____

2. MAILING ADDRESS _____

3. LEGAL RESIDENCE _____

4. LENGTH OF TIME AT THIS RESIDENCE _____ HOME PURCHASE DATE _____

5. TELEPHONE NUMBER HOME _____ CELL _____

6. DATE OF BIRTH _____ SOCIAL SECURITY NUMBER _____

7. MARRIED/REGISTERED DOMESTIC PARTNER, SINGLE, WIDOW OR WIDOWER

8. FULL NAME OF SPOUSE/REGISTERED DOMESTIC PARTNER

9. DATE OF BIRTH _____ SOCIAL SECURITY NUMBER _____

10. TELEPHONE NUMBER HOME _____ CELL _____

11. ALL HOUSEHOLD MEMBERS (EXCLUDING THE ABOVE):

NAME	AGE	RELATIONSHIP
_____	_____	_____
_____	_____	_____
_____	_____	_____

12. ALL PERSONS LISTED ON THE MORTGAGE:

NAME	AGE	RELATIONSHIP
_____	_____	_____
_____	_____	_____

13. CHILDREN FROM ALL MARRIAGES OR IF NONE, OTHER NEXT OF KIN:

NAME	AGE	ADDRESS	RELATIONSHIP
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

A. INFORMATION REGARDING PROPERTY

14. REAL ESTATE OWNED BY APPLICANT, AND BY SPOUSE OR DOMESTIC PARTNER:

TYPE OF PROPERTY (HOME, FARM, WOODLOT, ETC.) LOCATION OWNER'S VALUE

_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____

15. YEAR FOR WHICH AN ABATEMENT IS REQUESTED _____

16. AMOUNT OF ABATEMENT REQUESTED \$ _____

17. IS THE PROPERTY FOR WHICH YOU ARE REQUESTING AN ABATEMENT USED FOR THE FOLLOWING:
RESIDENCE _____ BUSINESS PROPERTY _____ RETAIL PROPERTY _____

18. DO YOU RECEIVE THE HOMESTEAD EXEMPTION? YES ____ NO ____
TO QUALIFY YOU MUST HAVE OWNED YOUR HOME FOR AT LEAST 12 MONTHS PRIOR TO APRIL 1 OF THE CURRENT YEAR. FORMS MUST BE FILED BY APRIL 1. ALL FORMS FILED AFTER APRIL 1 WILL APPLY TO THE SUBSEQUENT YEAR TAX ASSESSMENT. IF YOU HAVE NOT APPLIED YOU MUST FILE IMMEDIATELY. **CONTACT THE ASSESSING OFFICE AT (207) 513-3122.**

19. IF APPLICABLE, HAVE YOU APPLIED FOR AND ARE YOU RECEIVING:

	APPLIED			RECEIVING		
THE LEGALLY BLIND EXEMPTION	N/A ____	YES ____	NO ____	YES ____	NO ____	
THE VETERAN'S EXEMPTION	N/A ____	YES ____	NO ____	YES ____	NO ____	
THE WIDOWS AND CHILDREN VETERAN'S EXEMPTION	N/A ____	YES ____	NO ____	YES ____	NO ____	

B. EMPLOYMENT INFORMATION

APPLICANT

HOUSEHOLD MEMBER

20. OCCUPATION _____

21. NAME OF LAST EMPLOYER _____

22. ADDRESS OF EMPLOYER _____

23. DATES OF EMPLOYMENT _____

24. IF ANYONE IS SELF EMPLOYED - PLEASE DESCRIBE THE BUSINESS:

25. IF ANYONE IS UNEMPLOYED, PLEASE STATE THE REASON:

26. IF UNEMPLOYMENT IS DUE TO ILLNESS, ATTACH A PHYSICIANS STATEMENT DESCRIBING THE TYPE AND EXPECTED LENGTH OF DISABILITY. THE PHYSICIAN'S STATEMENT MUST BE CURRENT.

C. INCOME/ASSET INFORMATION

27. DOES THE APPLICANT OR ANY OTHER PERSON IN THE HOUSEHOLD RECEIVE THE FOLLOWING:

	YES	NO	MONTHLY AMOUNT	YEARLY AMOUNT
T.A.N.F.	_____	_____	\$_____	\$_____
SUPPLEMENTAL SECURITY INCOME	_____	_____	\$_____	\$_____
SOCIAL SECURITY	_____	_____	\$_____	\$_____
VETERANS BENEFITS	_____	_____	\$_____	\$_____
EMPLOYMENT WAGES	_____	_____	\$_____	\$_____
UNEMPLOYMENT COMPENSATION	_____	_____	\$_____	\$_____
WORKERS COMPENSATION	_____	_____	\$_____	\$_____
CHILD SUPPORT PAYMENTS	_____	_____	\$_____	\$_____
INCOME FROM RENTAL UNITS	_____	_____	\$_____	\$_____
INCOME FROM BOARDERS OR MEMBERS OF HOUSEHOLD	_____	_____	\$_____	\$_____
BUSINESS INCOME	_____	_____	\$_____	\$_____
TAX REFUNDS	_____	_____	\$_____	\$_____
OTHER INCOME (PLEASE SPECIFY)	_____	_____	\$_____	\$_____
TOTAL INCOME			\$_____	\$_____
SNAP	_____	_____	\$_____	\$_____
HOME ENERGY ASSISTANCE (LIHEAP)	_____	_____	\$_____	\$_____
TOTAL FROM ALL SOURCES			\$_____	\$_____

28. DID YOU RECEIVE A HOMEOWNERS/RENTERS PROPERTY TAX REFUND DURING THE PAST YEAR (PART OF INCOME TAX REFUND)? YES _____ NO _____ IF YES, AMOUNT OF REFUND \$_____

29. ATTACH COPIES OF YOUR CURRENT STATE AND FEDERAL INCOME TAX RETURN AND RETURNS FOR THE TWO YEARS IMMEDIATELY PRIOR TO THIS APPLICATION.

30. LIST ALL REAL ESTATE OWNED (INCLUDING PROPERTIES LOCATED OUTSIDE THE CITY OF LEWISTON AND/OR OUTSIDE THE STATE OF MAINE).

<u>DESCRIPTION OF LAND/BUILDINGS</u>	<u>CURRENT LOCATION TOWN AND STATE</u>	<u>NUMBER OF ACRES/VALUE</u>	<u>ASSESSED CURRENT USE</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

INCOME/ASSET INFORMATION

31. LIST ALL CHECKING ACCOUNTS, SAVINGS ACCOUNTS OR SAFE DEPOSIT BOXES YOU HAVE MAINTAINED ALONE OR WITH ANY OTHER PERSON WITHIN THE TWO YEARS IMMEDIATELY PRECEDING THIS APPLICATION, INCLUDING ALL BUSINESS ACCOUNTS. LIST ALL OTHER ASSETS INCLUDING, BUT NOT LIMITED TO, RETIREMENT FUNDS, ANNUITIES, TRUST FUNDS AND STOCKS AND BONDS.

<u>A - PERSONAL ACCOUNTS</u>	NAME OF BANK/ACCOUNT	ACCOUNT #	BALANCE
CHECKING ACCOUNT	_____	_____	\$_____
SAVINGS ACCOUNT	_____	_____	\$_____
SAFE DEPOSIT BOX	_____	_____	\$_____
<u>B - BUSINESS ACCOUNTS</u>			
CHECKING ACCOUNT	_____	_____	\$_____
OTHER ACCOUNTS	_____	_____	\$_____
<u>C - RETIREMENT FUNDS</u>			
	_____	_____	\$_____
	_____	_____	\$_____
<u>D- STOCKS/BONDS</u>			
	_____	_____	\$_____
	_____	_____	\$_____
<u>E- OTHER ASSETS</u>			
	_____	_____	\$_____
	_____	_____	\$_____

32. LIST ALL LIFE INSURANCE POLICIES THAT ARE IN EFFECT NOW AND THAT HAVE BEEN IN EFFECT OVER THE PAST TWO YEARS IMMEDIATELY PRECEDING THIS APPLICATION.

POLICY OWNER	BENEFICIARY	COMPANY AND ADDRESS
_____	_____	_____
FACE VALUE	CASH VALUE	
\$_____	\$_____	
POLICY OWNER	BENEFICIARY	COMPANY AND ADDRESS
_____	_____	_____
FACE VALUE	CASH VALUE	
\$_____	\$_____	

33. LIST ALL OTHER ASSETS SUCH AS MOTOR VEHICLES, SNOWMOBILES, BOATS, MOTORCYCLES, ALL-TERRAIN VEHICLES, RIDING LAWNMOWERS, ETC., INCLUDING ALL BUSINESS ASSETS

DESCRIPTION OF ASSET	DATE ACQUIRED	CURRENT VALUE	MONTHLY LOAN PAYMENT
_____	_____	\$_____	\$_____
_____	_____	\$_____	\$_____
_____	_____	\$_____	\$_____
_____	_____	\$_____	\$_____

D. LIABILITY INFORMATION

34. NAME AND ADDRESS OF MORTGAGE HOLDER

ARE YOUR TAXES ESCROWED? YES ____ No ____

MORTGAGED AMOUNT (AMOUNT OWED) \$ _____

AVERAGE MONTHLY EXPENSES:

MORTGAGE (PRINCIPAL & INTEREST) \$ _____

HOUSE INSURANCE \$ _____

PROPERTY TAXES \$ _____

HEATING FUEL \$ _____

COOKING FUEL \$ _____

ELECTRICITY \$ _____

SEWER \$ _____

WATER \$ _____

TELEPHONE \$ _____

FOOD \$ _____

HOUSEHOLD SUPPLIES \$ _____

PRESCRIPTIONS \$ _____

OTHER MEDICAL SUPPLIES \$ _____

HEALTH INSURANCE \$ _____

LIFE INSURANCE \$ _____

CAR INSURANCE \$ _____

CAR REGISTRATION \$ _____

CAR GASOLINE/TRANSPORTATION \$ _____

LOAN PAYMENTS \$ _____

OTHER (PLEASE SPECIFY) \$ _____

35. LIST ALL DEBTS:

TO WHOM DEBT IS OWED INCLUDING CREDIT CARDS/LOANS
NAME AND ADDRESS DATE OF DEBT

NAME AND ADDRESS	DATE OF DEBT	AMOUNT DUE	MONTHLY PAYMENT
_____	_____	\$ _____	\$ _____
_____	_____	\$ _____	\$ _____
_____	_____	\$ _____	\$ _____
_____	_____	\$ _____	\$ _____

36. HAVE YOU INITIATED BANKRUPTCY PROCEEDINGS IN THE PAST 24 MONTHS? YES ____ NO ____

37. HAS ANY OF YOUR PROPERTY BEEN ATTACHED OR SEIZED UNDER LEGAL PROCEEDINGS WITHIN THE PAST 24 MONTHS? YES ____ NO ____ IF SO, IDENTIFY THE LEGAL PROCEEDINGS, THE PROPERTY INVOLVED AND THE PRESENT STATUS OF THE CASE.

38. IS ANY OF YOUR PROPERTY UP FOR SALE? _____
WHAT IS THE LOCATION OF SUCH PROPERTY? _____
WITH WHOM IS THE PROPERTY LISTED? _____

39. ARE THERE ANY LIENS UPON YOUR PROPERTY AT THIS TIME?
PLEASE DETAIL: _____

40. DURING THE TWO YEARS PRECEDING THIS APPLICATION HAVE YOU OR YOUR SPOUSE/DOMESTIC PARTNER DONE ANY OF THE FOLLOWING:

A. PLACED ANYTHING OF VALUE IN WHICH YOU HAVE AN INTEREST IN THE HANDS OF A THIRD PERSON? _____ IF SO, DESCRIBE THE VALUE AND CIRCUMSTANCES OF THE TRANSFER:

B. MADE ANY ASSIGNMENT OF ANY PROPERTY FOR THE BENEFIT OF YOUR CREDITORS? _____ IF SO, GIVE THE DATES, NAMES AND ADDRESS OF ASSIGNEE AND TERMS OF ASSIGNMENTS:

C. MADE ANY GIFTS, OTHER THEN USUAL PRESENTS TO FAMILY MEMBERS? _____ IF SO, GIVE NAME AND ADDRESSES OF RECIPIENTS AND VALUE OF GIFTS:

41. UPON YOUR AND/OR YOUR SPOUSE'S AND/OR REGISTERED DOMESTIC PARTNER'S DEATH, WHO WILL INHERIT YOUR PROPERTY?

NAME	ADDRESS	RELATIONSHIP
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

42. IN YOUR OWN WORDS STATE BELOW YOUR REASONS FOR REQUESTING THIS ABATEMENT AND WHY YOU PERSONALLY FEEL YOU QUALIFY FOR A PROPERTY TAX ABATEMENT.

MY SIGNATURE ON THIS APPLICATION SHALL SERVE AS AN AUTHORIZATION TO THE CITY COUNCIL, OR THEIR DESIGNEE TO INVESTIGATE THE INFORMATION CONTAINED IN THIS APPLICATION, AND ANY AND ALL OTHER INFORMATION PERTINENT TO THEIR MAKING A DETERMINATION ON THIS APPLICATION. I FURTHER AUTHORIZE THE CITY COUNCIL AND THEIR DESIGNEE TO HAVE ACCESS TO CERTAIN RECORDS, BE THEY CONFIDENTIAL OR NOT, INCLUDING BUT NOT LIMITED TO:

- A. FINANCIAL INSTITUTIONS
- B. INTERNAL REVENUE SERVICE RECORDS
- C. MAINE DEPARTMENT OF TAXATION RECORDS
- D. MEDICAL RECORDS AND REPORTS
- E. HOSPITAL RECORDS AND REPORTS
- F. VETERANS ADMINISTRATION RECORDS AND REPORTS
- G. DEPARTMENT OF HUMAN SERVICES RECORDS AND REPORTS
- H. SOCIAL SECURITY RECORDS AND REPORTS
- I. INSURANCE RECORDS
- J. BUSINESS RECORDS

I HEREBY APPLY FOR ABATEMENT OF PROPERTY TAXES IN ACCORDANCE WITH TITLE 36, M.R.S.A., SECTION 841, AS AMENDED, WHICH PERMITS TAX ABATEMENT BY THE MUNICIPAL OFFICERS, OR THE STATE TAX ASSESSOR FOR THE UNORGANIZED TERRITORY WHO MAY ON THEIR OWN KNOWLEDGE OR ON WRITTEN APPLICATION, THEREFORE, MAKE SUCH ABATEMENTS AS THEY BELIEVE REASONABLE IN THE REAL AND PERSONAL TAXES OF ALL PERSONS WHO, BY REASON OF INFIRMITY OR POVERTY, ARE IN THEIR JUDGEMENT, UNABLE TO CONTRIBUTE TO THE PUBLIC CHARGES. THE ANSWERS TO THE ABOVE QUESTIONS ARE CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF.

APPLICANT SIGNATURE

DATE

SPOUSE/REGISTERED DOMESTIC PARTNER SIGNATURE

DATE

Case # _____